EXHIBIT 31

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION

MDL NO. 2804
Case no. 7-mdl-284
Judge Dan Aaron Polster

This document relates to:
The County of Summit, Ohio, et al., v. Purdue Pharma L.P., et al.,
Case No. 1:18-OP-45090 (N.D. Ohio)
Case No. 17-OP-45005
Case No. 18-OP-45090

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Videotaped deposition of
CHAD GARNER
November 14, 2018
8:35 a.m.

Taken at:
Sheraton Columbus Capital Square
75 East State Street
Columbus, Ohio

Wendy L. Klauss, RPR

A. I'm sorry. Which side are we talking about?

Q. This is prescriber side.

A. Prescriber side. Again, there are a number of different ways that we do this, you know, looking for overprescribing sometimes of specific drugs or combinations of drugs.

It could also be, you know, violations by a patient, different things that would indicate overuse or misuse. Also, you know, dispensing patterns, dispensing combinations of drugs that would be ill advised. A pharmacy that maybe should have seen something and stopped it that did not, would be another. There are many, many different things we could look at.

Q. Okay. So on the prescriber side, you've identified some analyses that you and your staff are able to do on the database that indicate potential crime, such as the overprescription of drugs, the prescription of dangerous combinations of drugs, et cetera, right?

A. Correct.

Q. How long has the OARRS database

been able to do this type of analysis?

A. Again, the database has always been able to do it. It was a matter of staff -- having the capacity within the staff of doing it.

Q. And at what point did OARRS have the staff capacity to run the types of reports we just discussed that are indicative of potential crime?

A. We've -- we've done, to a certain extent, all along. It's just it has grown. It's not, you know -- it started small and it has grown over time.

Q. Does OARRS run or perform analyses of the wholesale side of OARRS for the purpose of identifying potential crime?

A. Yes, at times.

Q. And what types of analyses are those that are run on the wholesale side?

A. It could be purchases, especially by prescribers, of more drugs than they are permitted to dispense from their office in a given period of time; purchases that would not make sense for a particular type of prescriber; purchases that are not later reported as being

dispensed. It would be a few.
Q. On purchases by prescribers of more drugs than are permitted -- they are permitted to dispense, how do you, at OARRS, know how much a prescriber is permitted to dispense?
A. It is in the statute.
Q. It is an Ohio statute?
A. Yes.
Q. How frequently have you run or performed the analysis on purchases by a prescribers of more drugs than they are permitted to dispense?
A. It's on an ad hoc basis. I would say a couple times a year.
Q. And how many times have you run analyses of purchasers -- or purchases that do not make sense for the type of prescriber?
A. A handful of times.
Q. You mentioned that you also run analyses on the prescription side of the OARRS database when assisting with investigations; do you recall that?
A. Yes.
Q. We talked earlier about some reports that are run in the context of

patient is taking, combinations of drugs, you know, historical patterns.

Q. And doctor shopping can be recognized through the use of the OARRS database, correct?

A. Yes.

Q. Can the amount of drugs that a patient is using be revealed through the OARRS database?

A. Yes.

Q. And can the OARRS database reveal combinations of drugs taken by a particular patient?

A. Yes.

Q. Are you responsible for writing the grant proposals?

A. No.

Q. Who does that?

A. Cameron McNamee.

Q. Do you have any input on the grants for which you apply?

A. Yes.

Q. What input do you have into the selection of grants that you will apply for?

A. Typically, I typically have a

the gender of the patient reported?

A. Yes.

Q. And the date of birth and gender of the patient, the requirement that those be reported, that's always been the case?

A. Yes.

Q. What about the medical history of a patient, is that reported through OARRS?

A. No.

Q. Does the system capture overlapping prescriptions from multiple prescribers?

A. So assuming each prescription is a controlled substance, each prescription would be reported. So if we looked for it, we would be able to tell whether two prescriptions overlapped.

Q. And that's the same data that you would use to identify, for example, a doctor shopper?

A. Correct.

Q. We talked about data that identifies the transaction history of a particular OARRS accountholder.

How long does this information that is reported by prescribers and dispensers, how

bottle came from distributor A and this one from distributor B.

Q. Can OARRS collate data, daily dispensing information for a particular terminal distributor over time to detect spikes?

A. Yes.

Q. Can OARRS collate daily dispensing information over time to determine who prescribed an opioid?

A. Yes.

Q. Can OARRS collate daily dispensing information to determine to whom a prescription was dispensed on a specific day where there was a spike?

A. Yes.

Q. When we were talking about reports, and they are made by prescribers and -- let me back up.

Individuals who have access to OARRS, and we talked about the fact that pharmacists have accounts but a pharmacy itself does not, right?

A. Correct.

Q. Can a pharmacy, like a corporate